



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF WASTE MANAGEMENT



**HAZARDOUS WASTE
COMPLIANCE INSPECTION CHECKLIST
COVER PAGE**

General	9 Routine	9 Complaint
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EPA ID _____ Time _____ Date _____

Generator Name _____ District _____

Street _____ City _____, KS ZIP _____

Mailing Address (if different than above) _____

County _____ Phone _____

Contact(s) _____ Fax _____

Inspector(s) _____ e-mail _____

Type of Business _____ Number of Employees _____

Operating Hours _____

Lat/Long Location Method: _____ Lat/Long Location Feature: _____

Latitude: (like 37.57621) _____ Longitude: (like -101.57621) _____

Has the Lat/Long been entered in the SW database? Yes **9** No **9**

Generator size classification: **9** Closed/Inactive **9** Small Qty. Generator **9** EPA Generator
9 Not a Generator **9** Kansas Generator **9** Transporter

Other Regulated Activities: **9** T/S/D Facility **9** Used Oil Activities
(complete applicable checklist) **9** Tanks **9** Universal Waste Activities

Has the company declared any information/processes as trade secrets KSA 65-3447? _____
If yes, explain: _____

Attach all applicable checklists.

If facility is closed/inactive, or has recently moved please provide a brief description here or in an attached summary.